



Missouri Pharmacy Program – Preferred Drug List



Intranasal Steroids

Effective 03/16/05

Revised 01/03/2008

Preferred Agents

- Nasonex®
- Flunisolide (*generic Nasalide*)
- Nasacort AQ®
- Fluticasone Nasal Spray

Non-Preferred Agents

- Tri-Nasal®
- Nasalide®
- Nasarel®
- Beconase AQ®
- Rhinocort Aqua®
- Flonase®
- Veramyst®
- Flunisolide (*generic Nasarel*)

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.